



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

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Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
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BASE STATION PHYSICIANS' COMMITTEE MEETING

MINUTES

Tuesday, April 17, 2012

Members Present

Buono, M.D., Colleen – UCSD BHMD
Haynes, M.D., Bruce – County EMS Medical Director
Heiser, M.D., Robyn – Palomar for Dr. Grad.
Kramer, M.D., Mark – Sharp Memorial BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Neisen, David – Sharp Grossmont for Dr. Linnik
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR/RCCP Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD
Workman, R.N., Debi – Paramedic Training Programs

County Staff

Smith, R.N., Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

In Attendance

Aker, Donna Kelly – UCSD ROC
Allington, Linda – Carlsbad Fire
Anderson, Marilyn – Vista Fire
Blevins, Todd – Mercy Air
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – AMR/RCCP
Cavanaugh, Mary – Miramar Fire
Conover, William – Camp Pendleton Fire
Curnow, Robert – Mercy Air
Davis, M.D., Dan – Mercy Air
Dotson, R.N., Melody - UCSD
Hilger, Keren - NMCSO
Hitchcock, Kevin – Poway Fire Department
Graydon, R.N., Cheryl – Palomar BHNC
Howard, R.N., LuAnn – Scripps La Jolla
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD
Klingensmith, Todd – S.D. Paramedic Association
Lemire, Harold – S.D. Fire Department
Lindsey, Matt – North County Fire
Nichols, David – Fed Navy SW Region
Ninberg, Lori – Rady Childrens
Ochs, R.N., Ginger – S.D. Fire Department
Pless, Torrey – Scripps La Jolla
Rosenberg, R.N., Linda – Sharp Memorial
BHNC

Rosenberger, R.N., Wendy – Tri-City Medical
Center BHNC
Salerno, Elizabeth - AMR
Seabloom, R.N., Lynne – Oceanside Fire
Sullivan, Don – AMR
Vilke, M.D., Gary – Beacon/ROC
Wells, Chris – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D. called the meeting to order at 11:02 am. Attendees introduced themselves.

II. APPROVAL OF MINUTES

Dr. Madati asked if there were any comments or suggestions on the “Jane” or “John” Doe reporting process document distributed and discussed at last month’s meeting. A few hospitals mentioned that their legal counsel is being consulted.

Dr. Haynes added that the procedure for notification of Jane/John Doe and the patient information was also discussed at Emergency Medical Oversight Commission (EMOC). There was general support for the process and an inquiry as to how often it would be used and how helpful it would be. The hospital association was going to refer the information to their CEO’s and also get a legal opinion. The process will be sent to the emergency department medical directors and managers.

The topic will be brought back to the BSPPC meeting in a month or two.

A motion was made by Dr. Kramer, seconded by Dr. Buono to approve the minutes of March 20, 2012. Motion carried.

III. MEDICAL DIRECTOR’S REPORT (Bruce Haynes, M.D.)

A. Drug shortages

There are reoccurrences of some of the shortages of the 5mg per cc Versed. Some of the local suppliers have been promised some of the 10mg/2cc’s, or the 5mg/1cc concentrations. By the end of April they think that the shortage will be over.

No one has had to use expired medications and there have not been any reported medication errors.

State medical directors did a survey on the medication shortage. 18 percent around the state had run out of a drug, 11 percent thought that the patient hadn’t been treated because of the lack of the medication, i.e. morphine for pain. Others used different formulations or concentrations, trying different distributors and transferring at times from unit to unit. 59

percent of the suppliers would not give reassurance as to when the shortages will end. There is a lot of national attention given to the drug shortages.

B. "Strike Out Stroke"

The EMS Stroke Consortium and a number of other organizations are sponsoring the "*Strike Out Stroke Day*" on May 1st at the Padre Baseball game vs. Milwaukee at PETCO Park. Before the game and during the first two innings information on the risk factors and warning signs for stroke using the FAST acronym: **F**ace-uneven smile, facial droop/numbness, vision disturbance; **A**rm and **L**eg-weakness, numbness, difficulty walking; **S**peech-slurred, inappropriate words, mute; **T**ime-time is critical, call 911 will be given. They will also conduct blood pressure checks. For more information on "*Strike Out Stroke Day*", call PETCO Park or Dianne Royer, EMS, for information about tickets.

C. "Sidewalk CPR Day"

Sidewalk CPR occurs June 7, between 10 am and 2 pm. The County is hoping to train "2012 in 2012" in compression only CPR. Project Heartbeat is providing 300 manikins for the event. Details to signing up for setting up a venue for CPR in your area were provided at the BSPC meeting. No certification will be issued.

- D. It is an off year for protocol changes; minor changes and education are being prepared. A presentation will be given by Susan Smith at both the BSPC and PAC meetings today. They will also review Versed usages. Policies S-414, Resuscitation and S-422, Application of Patient Restraints were approved by legal counsel with minimal or no changes needed. DNR policy regarding the attorney in fact and the POLST form are now incorporated. There was also information on how to incorporate electronic medical records since they are getting more common.

Minor changes were made with the patient restraint policy. Information on the spitting patient and restraint position was added.

- E. Cardiac system data was given. Total cases since 2007 were 4,647, with 1,668 receiving a PCI. The false positive rate remains stable. Reasons are mimics and MD activations if a physician decides that it sounds suspicious enough to bring in a patient as an activated STEMI patient.
- F. Door-to-first device time has narrowed. Hospitals are doing a good job taking care of patients even if there is no prehospital activation and with walk-ins. QI total numbers for door-to-device time in the first three quarters of 2011 is 97 percent within 90 minutes.
- G. There was a five part series in the Union Tribune on frequent users of emergency departments featuring Dr. Dunford. The article outlines some of the potential problems and solutions.
- H. The State comment period on EMS for children draft regulations is closed. The proposals will set standards similar to the trauma system. Proposals were to identify different levels of receiving hospitals, data systems, equipment standards and performance improvement.

Paramedic regulations were out for final comment and were due April 21. The State is interested in the curriculum for the paramedic CCT program.

- I. The first Advanced Emergency Medical Technician (AEMT) which is the newest category of provider in California and nationally is close to approval. Currently it is with the Border Patrol Border Patrol Search, Trauma, and Rescue (BORSTAR) Teams.
- J. Trauma Centers are going through their verification visits by ACS. The final two trauma center visits are in May.
- K. The Law Enforcement coordinator sent out a notice regarding Khat, which is a shrub native to the Northeast and East Africa, and Saudi Arabia. Khat has a stimulant affect on people and can be addictive. It can also have manic behavioral effects, hyperactivity, hallucinations and psychosis. The treatment is to use Benzodiazepines.
- L. Epinephrine in cardiac arrest evaluated in a registry study from Japan showed that people who received epinephrine were more likely to get return to spontaneous circulation temporarily. It also decreased their survival and their neurologic status wasn't as good. That is also reflected in the Jacobs randomized epinephrine study from Australia and it wasn't found beneficial except for return of spontaneous circulation. A similar randomized drug study in Scandinavia published a couple of years ago gave the same conclusion. In that study they had a good matching of bystander witnessed arrest, bystander CPR, quality of CPR done by the rescuers, whether they had hypothermia or angioplasty. There was discussion and information on similar randomized control trials and CPR in lieu of epinephrine.
- M. At the end of the Medical Director report the data sheets show that the system has gotten a little busier. There wasn't a bad flu season, but there were some cases of bronchiolitis. The number of people who bypassed requested hospital was high.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

SDHDC is planning for Golden Guardian drill on May 16.

The State has not decided on a vendor for this year's deliverables.

The Germ Commission says there are very few influenza outbreaks. Next year there will be two strains, one for the B and one for the H3 and H2.

Training

There will be additional HICS training offered in June. There is also training for WebEOC which is used for disaster.

Grossmont Hospital is conducting training for hospitals on the "Active Shooter" program.

Training and classes are being offered for follow-up on the pediatric surge training. There will be more information given on the trainings at the SDHDC meeting tomorrow.

Linda Rosenberg mentioned the burn surge training was excellent. They may possibly offer the training again. It was a two day course, education on first day and a tabletop on second day. Training is on burn care for non burn centers.

V. BEACON UPDATE (Gary Vilke, M.D.)

- Beacon is working with the County on the EMS Hub which is the data from the field to the QCS system. The advantage to the Beacon EMS Hub portion is that information given will be in more "real time".
- There are three STEMI centers involved with Beacon. One of the goals of the system is to receive EKG's in "real time". Beacon has worked with Sharp Hospital IT system and administration and has also met with Children's.
- Beacon is working with the dispatch agencies through First Watch to get hubs set up using the CAD data that is already being used by First Watch and fire agencies.
- The last report that came from Beacon showed a decrease in false positives rates of STEMI centers.

VI. ROC (Gary Vilke, M.D.)

- Biomarker Lactate Assessment of Shock in Trauma (BLAST) lactate observational study has enrolled a total of 8 patients.
- Amiodarone, lidocaine or placebo study (ALPS) trial for v-fib will hopefully start within the month. Regulatory information is in, the IRB letter is pending, and they are waiting for the sites to receive their medication.
- The next ROC Steering Committee meeting is in Toronto.

VII. COMBAT GAUZE

- A medic associated with SWAT backup and Dr. Dunford approached Dr. Haynes about using combat gauze. The issue of using combat gauze was brought forward at the MAC meeting. MAC supports the SWAT use.

Combat gauze is mostly seen and used in the war front. Tourniquets are used for severe extremity wounds. Combat gauze is a Kaolin coated hemostatic dressing used together with direct pressure and bandages. It has procoagulant action and clotting activity. It does not create heat as some of the earlier versions did and does not embolize out of wounds. The Committee on Tactical Combat Casualty Care which is the military's version of who reviews and approves combat medical treatment approves and endorses the use of combat gauze.

Motion made by Dr. Kramer, seconded by Dr. Buono to accept and approve the use of combat gauze for SWAT medics only. Motion carried.

VIII. TREATMENT PROTOCOL REVIEW (Susan Smith, R.N.)

Most of the changes were to clean up language; there were no changes in practice with the exception of S-127.

S-102, Treatment Protocol – Abbreviation List

- Add Ventricular Assist Device (VAD) to the abbreviations

S-103, BLS/ALS Ambulance Inventory

- Change was made to the atropine par level.

S-127, Treatment Protocol – Dysrhythmias

- Giving fluids to maintain a blood pressure ≥ 90 was reworded throughout the S-127 protocol to make the intent clearer.
- Add do not perform compressions on patients with a Ventricular Assist Device (VAD) unless instructed by the VAD coordinator or base hospital. Discussion ensued regarding performing compressions if the pump is not functioning, what the patients and families are taught, DNR form requests and administering CPR.

National Association of EMS Physicians discussed LVAD and suggested not to do CPR.

The total artificial heart (TAH) should also be incorporated in the variations and added to the abbreviations.

S-129, Treatment Protocol – Envenomation Injuries

- Apply heat to the area as tolerated, not to exceed 110 degrees. (upper temperature degree limit added)

S-135, Treatment Protocol – Pre-Existing Medical Interventions

- There was a suggestion to have back-up VAD equipment added to the protocol. Equipment for out-of-area VAD patients was discussed. The Major Trauma patient should be taken to the nearest trauma center to be stabilized and then sent to a VAD center, if necessary.

S-136, Treatment Protocol – Respiratory Distress

- If the patient is >40 years of age, has no history of asthma, cardiac history, hypertension or a blood pressure >150, the epinephrine IM is to be given by Base Hospital Physicians Order (BHPO). BSPC discussed the conditions of the patient such as age, medical history and blood pressure and how often epinephrine is given IM.

Action Item: Check on how often epinephrine is given IM.

S-140, Treatment Protocol – Triage, Multiple Patient Incident/Mass Casualty Incident/Annex D

- Change wording from multi casualty to Mass Casualty Incident (MCI). (language corrected)

S-142, Treatment Protocol – Psychiatric/Behavioral Emergencies

- Will discuss at the PAC meeting.

Debi Workman commented that S-138, the shock protocol states that for hypovolemia give fluid to maintain BP \geq 90, which is a conflict with the trauma policy. Discussion continued on the difference between trauma policy and the shock protocol.

IX. ITEMS FOR FUTURE DISCUSSION

There were no items brought forward.

X. SET NEXT MEETING/ADJOURNMENT

The next meeting will be May 15, 2012, 11:00 a.m. at Scripps Memorial Hospital La Jolla, 9888 Genesee Avenue, La Jolla, CA 92037. The meeting will take place in the Grand Hall of the Schaezel Building.

The meeting was adjourned at 12:16 p.m.